

PTO/SB/81 (01-05)

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	To Be Assigned
Filing Date	Concurrent Herewith
First Named Inventor	Eyal BEN-AROYA
Title	Apparatus and Method for
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	047141.001

i hereby revoke	all previous powers of attorn	ney given in the above	identified application.	
I hereby appoint:				
Practitioners associated with the Customer Number:		25461		
OR ☐ Practitioner(s) nat	med below:	<u> </u>	4	
	Name	Registration N	lumber	
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	k Office connected therewith.	n menunco quove, and to non	Saci di Dasness III die Auten Sines	
Please recognize or	change the correspondence address f	or the above-identified applica	ation to:	
The address ass	sociated with the above-mentioned Cus	stomer Number		
_or				
The address as	ssociated with Customer Number:			
OR	<u> </u>			
Firm or Individual Name	Omri BENTOV			
Address	16/6 Hapashosh Street			
City	Kfar Saba	State	ZIP 44246	
Country	Israel			
Telephone		Email		
l am the:				
Applicant/Inven	itor.			
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature		Date	3 /24/2006	
Name	Omri BENTOV Telephone			
Title and Company				
more than one signature i		itiro interest or their representative	i(s) are required. Submit multiple forms it	
/ Total of	forms are submitted			

*Total of forms are submitted.

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I hereby appoint:				
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Practitioner(s) nar	ned below:	******		
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as my/our attorney(s) Patent and Trademar	or agent(s) to prosecute the application KOffice connected therewith.	n identified above, and to tra	nsact all business in the United States	
Please recognize or	change the correspondence address t	for the above-identified applic	cation to:	
The address as	sociated with the above-mentioned Cur	stomer Number		
OR	sociated with Customer Number:			
OR	<u></u>			
Firm or Individual Name	Asaf GIGI			
Address	356 Hachoresh Street			
City	Carmiel	State	ZIP 21711	
Country	Israel			
Telephone		Email		
	ntor. cord of the entire interest. See 37 CFR or 37 CFR 3,73(b) is enclosed. (Form F			
SIGNATURE of Applicant or Assignee of Record				
Signature	1) //c	Date	3/21/2006	
Name	Asaf GIGI	Telephone		
Title and Company				
NOTE: Signatures of all I	he inventors or assignees of record of the e	ntire interest or their representati	ve(s) are required. Submit multiple forms if	
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I hereby appoint:					
Practitioners asso	sociated with the Customer Number: 25461				
☐ Practitioner(s) na	med below:				
	Name Registration Number				
as my/our attorney(s)	or agent(s) to prosecute the application	n identified above, and to tran	sact all business in the United States		
Patent and Trademar	k Office connected therewith.				
Please recognize or	change the correspondence address f	or the above-identified applica	illon to:		
The address as	sociated with the above-mentioned Cus	stomer Number			
OR					
The address as	speciated with Customer Number:				
OR	<u> </u>				
Firm or Individual Name	Yossi OFEK				
Address	33 Hayahalom Street				
City	Tel Mond	State	ZIP 40600		
Country	Israel				
Telephone		Emall			
I am the:					
	ntor,	•			
. — •	pard of the entire interest. See 37 CFR				
Statement under	or 37 CFR 3.73(b) is enclosed. (Form F				
	SIGNATURE of Appl	icant or Assignee of Record			
Signature	(1059) Elel	C Date	3 21 2006		
Name	Yossi OFEK	Telephone	()		
Title and Company					
NOTE: Signatures of all i more than one signature	he inventors or assignees of record of the el is required, see below*.	ntire interest or their representative	e(s) are required. Submit multiple forms if		
Total of	forms are submitted.				

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I hereby appoint:					***************************************
☑ Praclitioners associated with the Customer Number: OR			25461		
Practitioner(s) na	amed below:				
<u> </u>	Name		Registration N	umber	
as my/our altorney(s Palant and Tradema) or agent(s) to prosecute the application rk Office connected therewith.	n identified a	above, and to tran	sact all business i	n the United States
Please recognize o	r change the correspondence address for	or the above	e-identified applica	ition to;	· · · · · · · · · · · · · · · · · · ·
Ine address as	ssociated with the above-mentioned Cus	tomer Num	ber		
OR The address a	esociated with Customer Number:				
OR	L				
Firm or Individual Name	Adam WEINBERG	Adam WEINBERG			
Address	74 Savidor Street				
City	Netanya	State		ZIP 42655	
Country	Country Israel				
Telephone	Email				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	adum rentery Date 21-MAR-2006				2006
Name	Adam WEINBERG Telephone			2000	
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the emire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.					
Total of					··········

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▼ Practitioners ass OR	sociated with the Customer Number:	25461	
☐ Practitioner(s) n	amed below:		
	Name	Registration N	lumber
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as my/our attorney(s Palent and Tradema	i) or agent(s) to prosecute the application ink Office connected therewith.	ldentified above, and to trar	sact all business in the United States
	or change the correspondence address for	the above-identified applic	ation to:
X The address a	ssociated with the above-mentioned Cust	omer Number	
OR The address a	associated with Customer Number.		
OR	L		
Firm or Individual Name	Eyai BEN-AROYA		
Address	8/26 Paldi Street		·
City	Rehovot	State	ZIP 76248
Country	Israel		
Telephone		Email	
*******	entor. ecord of the entire interest. See 37 CFR 3 ler 37 CFR 3.73(b) is enclosed. (Form PT		
	SIGNATURE of Applic	ant or Assignee of Record	4
Signature		Date	21-MAK-06
Name	Eyal BEN-AROYA	Telephone	
Title and Company			
NOTE: Signatures of all	the inventors or assignees of record of the entitle is required, see below*.	re interest or their representative	e(s) are required. Submit multiple forms if
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